NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

11-59-16-03568-003

Clerk's Office Stamp

Ingl. 201212010546 Date 7/16/2012 Time 11 17 AM

DC,P DeWitt Cason,Columbia County Page 1 of 1 B 1238 P 831

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT. 1. Description of property (legal description): AL OF THAT PHOTOF E /2 a) Street (job) Address: 5037 SW a) Name and address: _ b) Name and address of fee simple titleholder (if other than owner) 4. Contractor Information a) Name and address: b) Telephone No (200) ____ Fax No. (Opt.) 5. Surety Information a) Name and address b) Amount of Bond: _ ____Fax No. (Opt.) c) Telephone No . 6 Lender a) Name and address ____ b) Phone No. 7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served a) Name and address: _ b) Telephone No.: _ 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes a) Name and address: Fax No. (Opt.) b) Telephone No 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA ture of Owner or Owner's Authorized Office/Director/Partner/Manager The foregoing instrument was acknowledged before me , a Florida Notary, this 164(type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed). OR Produced Identification _____ Type Personally Known _ Notary Stamp or Seal Notary Signature **LUWAYNA DAVIS** Notary Public, State of Florida --AND--Commission# DD 860230 11. Verification pursuant to Section 92.525, Florida Statutes Under penalties of perjury, I declare that the facts stated in it are true to the best of my knowledge and belief

Signature of Natural Person Signing

in line #10 above.)